

# Semi-Annual Statement of No Activity

Type or print in ink

STATEMENT OF NO ACTIVITY

For use by recipient committees that have not received any contributions and have not made any expenditures during the six-month period covered by a semi-annual statement. **Candidate controlled committees formed for an elective office may not use this form.**

See the Information Manual on Campaign Disclosure Provisions of the Political Reform Act for additional information and information required to be provided to you pursuant to the Information Practices Act of 1977.

FILE

Date/Stamp  
JUL 31 2013

By: *Paula Marie Coleman*  
FRESNO COUNTY CLERK  
DEPUTY

CALIFORNIA FORM 425

For Official Use Only

## 1. Committee Information

I.D. NUMBER

COMMITTEE NAME

FRESNO COUNTY PROSECUTORS ASSOCIATION PAC

STREET ADDRESS (NO P.O. BOX)

2220 TULARE STREET, SUITE 1000

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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FRESNO	CA	93721	559-600-4365
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MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER

NOELLE PEBET

MAILING ADDRESS

2220 TULARE STREET, SUITE 1000

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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FRESNO	CA	93721	559-600-4365
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NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

npebet@co.fresno.ca.us

## 2. Period of No Activity

No contributions have been received and no expenditures have been made during the period covering the dates below:

Check one of the following boxes and complete the year.  January 1, through June 30, 20 13  July 1, through December 31, 20 \_\_\_\_

## 3. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on July 30, 2013  
DATE

By *Noelle Pebet*  
SIGNATURE OF TREASURER/ASSISTANT TREASURER

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<b>FILE</b> Date Stamp <b>JAN 31 2014</b>	CALIFORNIA FORM <b>425</b>
	For Official Use Only
FRESNO COUNTY CLERK By <u>Paula Shiro-DeLeon</u> DEPUTY	

## 1. Committee Information

I.D. NUMBER  
1229294

COMMITTEE NAME

FRESNO COUNTY PROSECUTORS ASSOCIATION PAC

STREET ADDRESS (NO P.O. BOX)

2220 TULARE STREET, SUITE 1000

CITY	STATE	ZIP CODE	AREA CODE/PHONE
FRESNO	CA	93721	559-600-4365

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER

NOELLE PEBET

MAILING ADDRESS

2220 TULARE STREET, SUITE 1000

CITY	STATE	ZIP CODE	AREA CODE/PHONE
FRESNO	CA	93721	559-600-4365

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

npebet@co.fresno.ca.us

## 2. Period of No Activity

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Check one of the following boxes and complete the year.  January 1, through June 30, 20 \_\_\_\_  July 1, through December 31, 20 13

## 3. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on January 30, 2014  
DATE

By Noelle Pebet  
SIGNATURE OF TREASURER/ASSISTANT TREASURER